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SERIAL NUMBER 10/010,247	FILING OR 371(c) DATE 12/06/2001 RULE	CLASS 606	GROUP ART UNIT 3731	ATTORNEY DOCKET NO. SYN-064B	
APPLICANTS Juergen A. Kortenbach, Miami Springs, FL; Robert Sixto JR., Miami, FL; Kevin W. Smith, Coral Gables, FL; Charles R. Slater, Fort Lauderdale, FL; Saul Gottlieb, Miramar, FL;					
** CONTINUING DATA ***** This application is a CIP of 09/931,528 08/16/2001 PAT 6,569,085 and is a CIP of 09/891,775 06/25/2001 PAT 6,716,226 ✓ <i>oe</i> and claims benefit of 60/292,419 05/21/2001 ✓ <i>oe</i> and is a CIP of 09/730,911 12/06/2000 PAT 6,551,315 ✓ <i>oe</i>					
** FOREIGN APPLICATIONS ***** <i>none</i>					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 01/14/2002					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Allowance</i> Examiner's Signature <i>[Signature]</i> Initials <i>oe</i>		STATE OR COUNTRY FL	SHEETS DRAWING 18	TOTAL CLAIMS 24	INDEPENDENT CLAIMS 4
ADDRESS 27316					
TITLE APPARATUS FOR THE ENDOLUMINAL TREATMENT OF GASTROESOPHAGEAL REFLUX DISEASE (GERD)					
FILING FEE RECEIVED 1184	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		